

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL****FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:

0 3 — 0 1 1

2. STATE:

South Carolina

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

August 13, 2003

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR §489

7. FEDERAL BUDGET IMPACT:

a. FFY 03 \$ N/A

b. FFY 04 \$ N/A

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

INDEX, LIST OF ATTACHMENTS, Page 1; BASIC TEXT,
Pages 9, 11, 22, 41, 45(a), 45(b), 46, 50(a), 54,
55, 71, 77, 78(a); Attachment 2.2-A, Pages 10 &
10a; Attachment 4.30 Page9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):INDEX, LIST OF ATTACHMENTS, Page 1;
BASIC TEXT, Pages 9, 11, 22, 41, 45(a),
45(b), 46, 50(a), 54, 55, 71, 77 & 78(a);
Attachment 2.2-A, Pages 10 & 10(a)
PLEASE DELETE Attachment 2.1-A, Pages 1 & 2

10. SUBJECT OF AMENDMENT:

To bring our state definition in line with the new federal definition of Managed Care
Organization.

11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Robert M. Kerr

14. TITLE:

Director

15. DATE SUBMITTED:

September 15, 2003

16. RETURN TO:

SC Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

17. DATE RECEIVED:

September 17, 2003

18. DATE APPROVED:

September 17, 2003

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

August 13, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Susan Gardner

22. TITLE: Acting Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:

Approved with the following corrections to Item 8 and Item 9:
Item 8: "Attachment 4.30 Page" changed to "Attachment 4.30 Page 2"
Item 9: No Change - correct as written

LIST OF ATTACHMENTS

<u>No.</u>	<u>Title of Attachments</u>
*1.1-A	Attorney General's Certification
*1.1-B	Waivers under the Intergovernmental Cooperation Act
1.2-A	Organization and Function of State Agency
1.2-B	Organization and Function of Medical Assistance Unit
1.2-C	Professional Medical and Supporting Staff
1.2-D	Description of Staff Making Eligibility Determination
*2.2-A	Groups Covered and Agencies Responsible for Eligibility Determinations
	* Supplement 1 - Reasonable Classifications of Individuals under the Age of 21, 20, 19 and 18
	* Supplement 2 - Definitions of Blindness and Disability (<u>Territories only</u>)
	* Supplement 3 - Method of Determining Cost Effectiveness of Caring for Certain Disabled Children at Home
*2.6-A	Eligibility Conditions and Requirements (<u>States only</u>)
	* Supplement 1 - Income Eligibility Levels - Categorically Needy, Medically Needy and Qualified Medicare Beneficiaries
	* Supplement 2 - Resource Levels - Categorically Needy, Including Groups with Incomes Up to a Percentage of the Federal Poverty Level, Medically Needy, and other Optional Groups
	* Supplement 3 - Reasonable Limits on Amounts for Necessary Medical or Remedial Care Not Covered under Medicaid
	* Supplement 4 - Section 1902(f) Methodologies for Treatment of Income that Differ from those of the SSI Program

*Forms Provided

TN MA 03-011Effective Date 08/13/03

Supersedes

Approval Date NOV 26 2002TN MA 92-007

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: South Carolina

Citation 1.4 State Medical Care Advisory Committee

42 CFR

431.12(b)

AT-78-90

There is an advisory committee to the Medicaid agency director on health and medical care services established in accordance with and meeting all the requirements of 42 CFR 431.12.

42 CFR

438.104

X

The State enrolls recipients in MCO, PIHP, PAHP, and/or PCCM programs. The State assures that it complies with 42 CFR 438.104(c) to consult with the Medical Care Advisory Committee in the review of marketing materials.

TN MA 03-011

Effective Date: 08/13/03

Supersedes

TN MA 74-11

Approval Date 08/13/03

SOUTH CAROLINA MEDICAID STATE PLAN

11

Revision: HCFA-PM- (MB)

State/Territory: South Carolina

Citation

- 42 CFR 2.1(b) (1) Except as provided in items 2.1(b) (2) and 435.914 (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or on application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in Attachment 2.6-A.
- 1902(a) (34) of the Act
- 1902(e) (8) and 1905(a) of the Act (2) For individuals who are eligible for Medicare cost-sharing expenses as qualified Medicare beneficiaries under section 1902(a) (10) (E) (i) of the Act, coverage is available for services furnished after the end of the month which the individual is first determined to be a qualified Medicare beneficiary. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.
- 1902(a) (47) and (3) Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. Attachment 2.6-A specifies the requirements for determination of eligibility for this group.

TN MA 03-011

Supersedes

TN MA 96-005

Effective Date 08/13/03

Approval Date 8/13/03

Revision: HCFA-PM-91-
1991

(BPD)

OMB No.: 0938-

State: South Carolina

Citation 3.1(a)(9) Amount, Duration, and Scope of Services: EPSDT
Services (continued)

42 CFR 441.60 ☐ The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.**

42 CFR 440.240 (a)(10) Comparability of Services
and 440.250

1902(a) and 1902 (a)(10), 1902(a)(52), 1903(v), 1915(g), 25(b)(4), and 1932 of the Act Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v), 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:

(i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.

(ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.

(iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.

☐ (iv) Additional coverage for pregnancy-related service and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

** Describe here.

The continuing care provider submits monthly encounter data reflecting the number of examinations completed, the number of examinations where a referable condition was identified, and the number of follow-up treatment encounters. Medicaid staff make periodic on-site reviews to monitor the provider's record of case management.

TN MA 03-011

Supersedes

TN MA 92-023

Effective Date 08/13/03

Approval Date NOV 6 2003

JUNE 1999

State: South CarolinaCitation4.10 Free Choice of Providers

42 CFR 431.51
 AT 78-90
 46 FR 48524
 48 FR 23212
 1902(a)(23)
 P.L. 100-93
 (section 8(f))
 P.L. 100-203

(a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including of the Act an organization that provides these services or arranges for their availability on a prepayment basis.

(Section 4113)

(b) Paragraph (a) does not apply to services furnished to an individual

(1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or

(2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or

(3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,

Section 1902(a)(23)
 Of the Social
 Security Act
 P.L. 105-33

(4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services, or

Section 1932(a)(1)
 Section 1905(t)

(5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).

(c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in section 1905(t), 1915(a), 1915(b)(1), or 1932(a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905 (a)(4)(c).

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Supersedes

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Revision: HCFA-PM-91-9
October 1991

(MB)

OMB No.:

State/Territory: South Carolina

Citation

1902 (a) (58)

1902(w) 4.13 (e) For each provider receiving funds under the plan, all the requirements for advance directives of section 1902(w) are met:

(1) Hospitals, nursing facilities, providers of home health care or personal care services, hospice programs, managed care organizations, prepaid inpatient health plans, prepaid ambulatory health plans (unless the PAHP excludes providers in 42 CFR 489.102), and health insuring organizations are required to do the following:

(a) Maintain written policies and procedures with respect to all adult individuals receiving medical care by or through the provider or organization about their rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to formulate advance directives.

(b) Provide written information to all adult individuals on their policies concerning implementation of such rights;

(c) Document in the individual's medical records whether or not the individual has executed an advance directive;

(d) Not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive;

(e) Ensure compliance with requirements of State Law (whether

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statutory or recognized by the
courts) concerning advance
directives; and

- (f) Provide (individually or with
others) for education for staff
and the community on issues
concerning advance directives.
- (2) Providers will furnish the written
information described in paragraph
(1) (a) to all adult individuals at
the time specified below:
 - (a) Hospitals at the time an
individual is admitted as an
inpatient.
 - (b) Nursing facilities when the
individual is admitted as a
resident.
 - (c) Providers of home health care or
personal care services before the
individual comes under the care of
the provider;
 - (d) Hospice program at the time of
initial receipt of hospice care by
the individual from the program;
and
 - (e) Managed care organizations, health insuring
organizations, prepaid inpatient health plans,
and prepaid ambulatory health plans (as
applicable) at the time of enrollment of the
individual with the organization.
- (3) Attachment 4.34A describes law of the
State (whether statutory or as
Recognized by the courts of the
State) concerning advance directives.

Not applicable. No State law
or court decision exist regarding
advance directives.

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NOV 06 2003

Revision: HCFA-PM-91-10 (MB)
DECEMBER 1991

State/Territory: South Carolina

Citation 4.14 Utilization/Quality Control

42 CFR 431.60 (a) A Statewide program of surveillance and
42 CFR 456.2 utilization control has been implemented that
50 FR 15312 safeguards against unnecessary or inappropriate
1902(a)(30)(C) and use of Medicaid services available under this
1902(d) of the plan and against excess payments, and that
Act, P.L. 99-509 assesses the quality of services. The
(Section 9431) requirements of 42 CFR Part 456 are met:

x Directly

x By undertaking medical and utilization
review requirements through a contract
with a Utilization and Quality Control
Peer Review Organization (PRO) designated
under 42 CFR Part 462. The contract with
the PRO ---

(1) Meets the requirements of §434.6(a):

(2) Includes a monitoring and evaluation
plan to ensure satisfactory
performance;

(3) Identifies the services and providers
subject to PRO review;

(4) Ensures that PRO review activities are
not inconsistent with the PRO review
of Medicare services; and

(5) Includes a description of the extent
to which PRO determinations are
considered conclusive for payment
purposes.

1932(c)(2)
and 1902(d) of the
ACT, P.L. 99-509
(section 9431)

X A qualified External Quality Review
Organization performs an annual
External Quality Review that meets
the requirements of 42 CFR 438
Subpart E each managed care organization,
prepaid inpatient health plan, and health
insuring organizations under contract,
except where exempted by the regulation

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TN MA 96-005